



Supported Child Development Program

Waitlist Priority Rating Scale

Child's Name: _____ DOB: _____

Community: _____ Date Completed: _____

F A C T O R S F O R C O N S I D E R A T I O N

Criterion 1: Service Request Date

	<i>If < 3 months add 2 pts</i>	<i>3 to 6 months add 4 pts</i>	<i>6 to 9 months add 6 pts</i>	<i>9 to 12 months add 8 pts</i>	<i>Over 12 months add 10 pts</i>
Length of time on waitlist					

Criterion 2: Urgency of Need

	1	2	3	4	5
	Very little need	Little need	Moderate need	High need	Very high need
	12 yrs	6 to 11	K-garten	0 to 3	Preschool
a. Child's age					
b. Level of intensity and/or nature of child's needs					
c. Level of family needs <small>Total of Family Needs Self Report Tool (divided by 5) in appropriate column</small>					
d. Level of child's needs in a child care setting					

Criterion 3: Feedback/Observation from Team

	1	2	3		
	Moderate need	High need	Very high need		
e. Observations/feedback from community partners, therapists and/or child care setting staff					
	Column Total	Column Total	Column Total	Column Total	Column Total
	+	+	+	+	
Priority Rating Scale Overall Total:	= <input style="width: 50px; height: 20px;" type="text"/>				

Check Box for Priority Rating Scale Overall Total

<input type="checkbox"/> Low Priority = 7 to 16
<input type="checkbox"/> Moderate Priority = 17 to 25
<input type="checkbox"/> High Priority = 26 to 33

Check Box for Waitlisted Services

<input type="checkbox"/> Initial Service
<input type="checkbox"/> Extra Staffing Support
<input type="checkbox"/> Additional Extra Support

Date of referral: _____	Signature: _____
-------------------------	------------------



Supported Child Development Program